

CALIFORNIA STATE BOARD OF HEALTH

# Weekly



# Bulletin

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GUY P. JONES  
EDITOR

## Health Officers

### Work to Control Measles.

This is a measles year in California. About every fourth year, with the development of a crop of non-immune children, the disease assumes epidemic proportions. Measles is a serious disease because pneumonia and other respiratory diseases are often associated with it and because harmful after-effects, which extend even into adult life, commonly occur. Dr. V. G. Presson, Health Officer of Orange County, and Dr. J. J. Sippy, Health Officer of the San Joaquin County Health District, have been specially active in their efforts to curb the outbreaks within their respective territories—a result that is not easily attained.

In his campaign against the disease, Dr. Presson has issued an open letter to the parents of Orange County school children, which reads as follows:

"There are many cases of measles in the county. Measles is very infectious and easily spread from an infected person to a well person. Formerly it was thought that measles was mild and insignificant and that all children must have it. That is not true. Measles is one of the most serious diseases of childhood, not only in its immediate effects, but in the after-effects. The common after-effects consist of permanent injury to eyes and ears. This year, there have been in Orange county three deaths from measles and one severe case, which resulted in a mastoid operation.

"Measles begins with symptoms of a common cold, running nose and watery eyes, accompanied by a little cough. The rash appears from two to four or five days later. It is infectious from the very beginning of the symptoms of a cold and until the rash and all cold symptoms are gone. This usually covers a period of about two weeks.

### Rules for Control.

"These are the rules for the control of measles. After your child has been in contact with a case of measles in the cold or in the rash stage, he may continue in school for eight days and then shall stay out of school for one week. The reason for this is that a child who has been exposed to measles is likely to develop the disease from the eighth to the 16th day. He may then return to school if no measles have developed.

"Examine your child carefully each day before he starts for school and if there is any slight indication of a cold, keep him at home for two or three days until you know whether he has measles.

"It is a serious matter for any parent to send to school a child with a head cold when measles is prevalent in the community."

The results for the educational campaign for the control of measles in San Joaquin County may be learned in the following statement of Dr. Sippy:

"There has been a marked subsidence in the measles epidemic, which since the beginning of the school year in September has totaled 1800 cases in



the county. The peak was reached in January, when there were 814 cases. In February there were only 265 cases. Five deaths from the disease have occurred since the start of the school term.

"In proportion to population we have 9000 who are susceptible to measles and the health department is particularly fortunate in having been able to restrict the cases to 20 per cent of that number. We have reduced the expected number of 4000 to 5000 cases to only 1800. The average fatality rate for measles is  $1\frac{1}{2}$  per cent. We have had but five deaths, whereas we should have expected 27. The educational campaign which has been carried on through the newspapers, circular letters to parents and other means, has reduced the cases of illness and deaths."



### Social Workers Of Nation To Convene.

The fifty-fourth annual meeting of the National Conference of Social Work will be held at Des Moines, Iowa, May 11-18, 1927. Organized in twelve divisions, Children, Delinquents and Correction, Health, The Family, Industrial and Economic Problems, Neighborhood and Community Life, Mental Hygiene, Organization of Social Forces, Public Officials and Administration, The Immigrant, Professional Standards and Education, Educational Publicity, the program will cover a wide range of subjects in the promotion of human welfare. In addition, nearly thirty kindred groups will hold their annual meetings or conferences with programs offering discussions of particular interests and techniques in social work.

Reduced railway fares are available and Des Moines has ample hotel facilities. An advance program with full information may be had from the General Secretary, National Conference of Social Work, 277 East Long street, Columbus, Ohio.



It must be apparent, therefore, that public health administration has passed the experimental stage and that any municipality can within reasonable limitations have as much health as it is willing to pay for. One only requires to estimate what the saving of 2500 lives means to a municipality every year, which means the additional saving of practically ten times that many cases of sickness, to appreciate fully that the money used in public health administration is an investment and not an expenditure.—Charles J. Hastings, M.D., Medical Officer of Health, Toronto.

### Relation of the City Plan to Public Health.\*

(Continued from last issue.)

It is true that here and there our legislative enactments provide for the approval of health officials of certain sanitary conditions, but most of our building inspection laws are concerned with provisions for securing structural integrity. As Dr. George B. Young, for a number of years Health Commissioner of Chicago, says: "Questions of light, air space, ventilation and sanitary construction have had scant attention, although much the most important. A few people may suffer if a roof sags, thousands suffer daily from bad ventilation."

Perhaps, I speak more feelingly on this topic of housing than the subject justifies, but as one who meets it constantly and appreciates its seriousness in relation to community health, I am convinced that our program for city building and city planning should include more comprehensive legal powers for health officers. It is well enough to argue as Herbert Spencer did with justice three quarters of a century ago that sanitary officers might well be trusted with the suppression of nuisances, but that laws for coercing landlords into giving additional advantages for the same money are repetitions of the old proposal that "the three hooped pot shall have ten hoops," and just as incapable of realization. But when one sees the avaricious landlord collecting for over-crowded, insanitary fire-traps, the same or far greater profits than those obtained by the conscientious owner for a far different type of building, one has a feeling that summary condemnations and jail sentences would be far more corrective of such practices than the small fines meted out to such offenders.

Surgeon W. S. Rucker of the United States Public Health Service, says: "Health departments, for the most part, operate in end results. Under the present system disease must appear before it can be attacked, the municipal policy being one of eradication rather than prevention."

\* \* \* The essential element in a public health program for cities is a definite public health policy which shall bring the health agency into close touch with every activity of communal existence. \* \* \* No legislation should be enacted by the city council without the advice of its health coordinating focus. To it the executive branches of city government should refer all plans and matters of policy in order that all may be integrated for health. The direct and indirect



authority vested in this office is great and far realizing. \* \* \* Since concentration is inversely as the transportation facilities the health department should be the first to be consulted in any plans for the increase of rapid transit. All the problems connected with streets, with housing, industrial conditions, playgrounds, parks, schools, all of these bear an intimate relation to health and as such should come within the purview of the health commissioner."

If these views expressed by Surgeon Rucker in 1917 seem Utopian to us, they evidently are not so to our English friends, for the British Public Health Act of 1925, the enforcement of which rests with the Minister of Health, embraces even a wider scope. This act in addition to sections relating to housing, sanitation, infectious diseases and hospitals, includes such subjects as the naming of streets, the location of fire alarms, increased powers as to public parks and pleasure grounds, the widening of streets and defining of building and improvement lines, and even the providing of parking spaces for vehicles. Considering that the two great problems confronting Californians today are where to park and where to jump, and our growing mortality from automobile accidents, it would seem that the last named provision is especially appropriate for solution by our health departments.

California cities have unrivaled opportunities to demonstrate the value of city planning and health programs. Certainly they should not err in believing that natural advantages and salubrity of climate are sufficient to guarantee satisfactory health records. When it is remembered that these very things tend to attract those in precarious physical condition, and often with transmissible infections, it may be seen that efforts to safeguard our resident stock must be intensified. High sickness and death rates, no matter how well worded our alibis, do not invite immigration, and prospective residents are becoming increasingly well informed and critical of these rates. It behooves us, therefore, if not from humanitarianism, then from sound business sense, to remedy our environmental conditions in so far as they are remediable. The trend of migration from the country to the city may and does increase the difficulties of the problem, but this factor should impress us with the need for more aggressive action. The city should no longer be a place for the manufacture of invalids, delinquents and derelicts and if there be those among us who would profit from these things, although but

temporarily, they should have discipline in modern business ethics. So called permanent improvements composed of brick and mortar, granite and steel are after all quite fleeting and temporary as compared with the upbuilding of human elements. Our American common sense and economic perspective will not permit us to overlook any contribution to human well being and comfort. It is an aphorism that city building means man building.



## Health Officers

### Immunize Children.

Among the California communities where active work in immunization against diphtheria is being carried on at present are Winters in Yolo County, Dr. A. N. Crain, County Health Officer; Fort Bragg, Dr. R. Scudder, Health Officer; San Dimas, Dr. J. L. Pomeroy, County Health Officer; Fresno County, Dr. G. L. Long, County Health Officer. Dr. Long reports that 8,000 children of Fresno County have received immunization against diphtheria.



### MORBIDITY.\*

#### Diphtheria.

127 cases of diphtheria have been reported, as follows: Alameda County 1, Berkeley 5, Oakland 8, Butte County 3, Contra Costa County 1, Humboldt County 1, Kern County 2, Los Angeles County 4, Compton 1, Covina 1, Long Beach 3, Los Angeles 50, Whittier 1, Monterey Park 1, Tujunga 1, Merced County 1, Napa 1, Orange County 2, Brea 2, Santa Ana 1, Roseville 2, Riverside County 1, Sacramento 3, Ontario 1, San Diego County 1, San Diego 5, San Francisco 15, San Joaquin County 1, Lodi 1, Stockton 2, Redwood City 1, Modesto 1, Red Bluff 1, Lindsay 1, Woodland 1.

#### Scarlet Fever.

246 cases of scarlet fever have been reported, as follows: Berkeley 4, Oakland 17, Butte County 1, Pinole 1, Fresno County 2, Tehachapi 1, Los Angeles County 26, Alhambra 4, Beverly Hills 4, Compton 1, Covina 2, Glendale 3, Hermosa 1, Long Beach 24, Los Angeles 36, Monrovia 1, Pasadena 7, Pomona 2, San Fernando 1, Whittier 4, Hawthorne 2, West Covina 1, Monterey Park 2, Los Banos 1, Merced 1, Modoc County 2, Orange County 1, Anaheim 1, Brea 1, Fullerton 1, Huntington Beach 3, Orange 1, Santa Ana 1, Riverside County 2, Sacramento 4, Ontario 1, San Diego County 1, San Francisco 29, San Joaquin County 5, Stockton 2, Tracy 2, Burlingame 3, Santa Clara County 19, Gilroy 1, San Jose 7, Vallejo 1, Healdsburg 2, Stanislaus County 1, Red Bluff 1, Tulare County 2, Lindsay 3.

#### Measles.

3735 cases of measles have been reported, as follows: Alameda County 1, Alameda 56, Berkeley 120, Oakland 130, Sutter Creek 3,

\*From reports received on March 14th and 15th for week ending March 12.



Butte County 4, Colusa County 2, Williams 6, Contra Costa County 3, Antioch 1, El Dorado County 3, Fresno County 30, Orland 14, Eureka 10, Kern County 48, Bakersfield 3, Maricopa 3, Taft 2, Kings County 4, Hanford 27, Lakeport 14, Los Angeles County 203, Alhambra 16, Arcadia 6, Azusa 1, Beverly Hills 13, Burbank 11, Compton 9, El Monte 3, El Segundo 3, Glendale 68, Hermosa Beach 9, Huntington Park 20, Inglewood 17, La Verne 1, Long Beach 226, Los Angeles 999, Manhattan Beach 1, Monrovia 37, Montebello 2, Pasadena 95, Pomona 7, Redondo Beach 35, San Fernando 12, San Gabriel 2, San Marino 18, Sierra Madre 1, Whittier 7, Lynwood 5, Hawthorne 6, South Gate 12, Monterey Park 13, Signal Hill 1, Maywood 4, Madera County 3, Madera 8, San Anselmo 2, San Rafael 11, Sausalito 6, Merced County 8, Merced 1, Alturas 1, Monterey County 27, Monterey 2, Salinas 8, Napa 2, Grass Valley 3, Orange County 99, Anaheim 38, Brea 7, Fullerton 20, Huntington Beach 3, Newport Beach 1, Orange 5, Santa Ana 44, Seal Beach 2, La Habra 23, Lincoln 7, Riverside County 10, Blythe 1, Corona 16, Riverside 13, Sacramento 33, Chino 1, Ontario 2, San Diego County 42, National City 11, San Diego 416, San Francisco 117, San Joaquin County 5, Lodi 1, Stockton 17, Burlingame 14, Redwood City 8, San Bruno 1, San Mateo 8, Santa Barbara County 1, Santa Barbara 60, Santa Maria 4, Santa Clara County 14, Gilroy 24, Los Gatos 13, Palo Alto 36, San Jose 9, Santa Clara 3, Sunnyvale 2, Watsonville 8, Solano County 1, Benicia 11, Vacaville 6, Vallejo 3, Sonoma County 1, Stanislaus Coun-

ty 4, Modesto 1, Turlock 4, Sutter County 4, Yuba City 1, Corning 4, Tulare County 1, Lindsay 17, Tuolumne County 4, Yolo County 99, Woodland 5, Wheatland 1.

#### Smallpox.

17 cases of smallpox have been reported, as follows: Berkeley 1, Oakland 5, Roseville 1, Riverside County 3, Sacramento 1, San Joaquin County 1, Stanislaus County 5.

#### Typhoid Fever.

3 cases of typhoid fever have been reported, as follows: San Francisco 2, California 1.

#### Whooping Cough.

157 cases of whooping cough have been reported, as follows: Berkeley 31, Oakland 26, Colusa 1, Fresno County 1, Kern County 2, Los Angeles County 7, Alhambra 7, Burbank 2, Huntington Park 2, Inglewood 1, Long Beach 9, Los Angeles 19, San Gabriel 3, Orange County 6, Anaheim 3, La Habra 1, Brea 3, Riverside County 2, Riverside 1, San Diego County 2, San Diego 7, San Francisco 15, Arroyo Grande 2, Solano County 3, Tuolumne County 1.

#### Meningitis (Epidemic).

Two cases of epidemic meningitis have been reported as follows: Sacramento 1, Los Angeles 1.

#### Encephalitis (Epidemic).

Two cases of epidemic encephalitis have been reported, as follows: Oakland 1, Sacramento 1.

### COMMUNICABLE DISEASE REPORTS.

Disease	1927				1926			
	Week ending			Reports for week ending Mar. 12 received by Mar. 15	Week ending			Reports for week ending Mar. 13 received by Mar. 16
	Feb. 19	Feb. 26	Mar. 5		Feb. 20	Feb. 27	Mar. 6	
Anthrax.....	0	0	0	0	0	0	0	0
Botulism.....	0	0	0	0	0	0	0	0
Chickenpox.....	985	852	880	711	491	464	551	421
Diphtheria.....	142	145	134	127	120	133	115	88
Dysentery (Bacillary).....	7	3	0	0	0	1	1	0
Encephalitis (Epidemic).....	1	2	3	2	1	1	5	1
Gonococcus Infection.....	91	85	120	76	84	64	109	87
Influenza.....	68	79	104	86	308	393	163	63
Jaundice (Epidemic).....	3	1	3	0	0	0	0	0
Leprosy.....	0	0	1	0	0	1	0	0
Malaria.....	0	0	0	1	1	3	4	0
Measles.....	3011	3365	3993	3735	108	104	124	148
Meningitis (Epidemic).....	7	3	1	2	7	12	3	1
Mumps.....	229	245	298	319	308	413	340	440
Paratyphoid Fever.....	0	0	0	0	0	0	0	0
Pneumonia (Lobar).....	72	159	62	67	71	165	85	75
Poliomyelitis.....	2	3	1	0	4	2	3	2
Rabies (Animal).....	8	12	8	12	6	8	5	5
Rabies (Human).....	0	0	0	0	0	0	0	0
Rocky Mt. Spotted Fever.....	0	0	0	0	0	0	0	0
Scarlet Fever.....	293	255	245	246	147	169	187	135
Smallpox.....	31	29	16	17	133	132	183	169
Syphilis.....	143	128	156	125	97	88	140	108
Tetanus.....	1	0	1	0	1	1	2	1
Trachoma.....	17	0	23	2	6	38	2	1
Trichinosis.....	2	0	0	0	1	0	0	0
Tuberculosis.....	187	174	228	204	208	123	231	206
Typhoid Fever.....	5	5	7	3	9	7	6	3
Typhus Fever.....	0	0	0	0	0	1	0	0
Whooping Cough.....	121	117	139	157	51	72	76	65
Totals.....	5426	5662	6423	5891	2162	2395	2335	2019